



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation
NSPS NOTIFICATION**

Date: _____

- 1) Source ID #: _____
- 2) Company/Source Name: _____
- 3) Address Location): _____
- 4) Contact Person(s): _____
- 5) 40 CFR 60 Subpart: _____
- 6) Subject Equipment: _____
- 7) Continuous Emission Monitor(s): _____
- 8) Construction Tracking Number on Permit: C- _____

ACTION AND REQUIRED TIME PERIOD

DATE OF ACTION

- _____ Actual facility start-up (within 15 days after)..... _____
- _____ Maximum production achieved (within 15 days after)..... _____
- _____ Scheduled performance test (30 days prior) _____
- _____ Date of actual performance test _____
- _____ CEM Performance Specification Test date (within 30 days) _____
- _____ Performance test report submitted (within 30 days) _____

Comments: _____

Return Completed forms to: Air Compliance Section
1000 SW Jackson, Suite 310
Topeka, Kansas 66612-1366
(785) 296-1544